

Naval School, Civil Engineer Corps Officers (CECOS)  
**JUNIOR OFFICER DEVELOPMENT PROGRAM**  
**FAX REGISTRATION FORM**

DSN FAX 551-3070 COMM FAX: (805) 982-3070

(See reverse for the Privacy Act Statement)

The following information must be submitted for each new accession:

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (M.I.)

Commissioning Date/Military Rank: \_\_\_\_\_

Current Command: \_\_\_\_\_

Current Billet (Long Title): \_\_\_\_\_

Readiness/Reserve Center: \_\_\_\_\_

Home Address: \_\_\_\_\_

Activity UIC: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Date Commissioned: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Course Status:

<u>Course</u>	<u>Not Require</u>	<u>Completed*</u>	<u>Waiver Reques **</u>	<u>Quota Reque ***</u>
DC01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Attach copy of Course Completion Certificate

\*\* Complete Waiver Request Form below

\*\*\* Attach Fax Quota Request Form

I hereby request a waiver from the above course requirement as set forth in COMRNCFSCINST 1520.1C.

Prior Service (Circle): USN USNR USA USAR USAF USAFR USMC USMCR USCG USCGR

Years Active Service (O/E): \_\_\_\_\_ Years Reserve Service (O/E): \_\_\_\_\_

Rate & Rank: \_\_\_\_\_ Pay Grade: \_\_\_\_\_ MOS: \_\_\_\_\_

Previous Duty Assignments (Active/Reserve):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Training (Active/Reserve):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature